Complete Summary

TITLE

Chronic obstructive pulmonary disease (COPD): the percentage of all patients with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing.

SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of all patients with chronic obstructive pulmonary disease (COPD) in whom diagnosis has been confirmed by spirometry including reversibility testing.

RATIONALE

Chronic obstructive pulmonary disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Oxygen therapy has been shown to prolong life in the later stages of the disease and has also been shown to have a beneficial impact on exercise capacity and mental state. Some patients respond to inhaled steroids. Many patients respond symptomatically to inhaled beta agonists and anti-cholinergics. Pulmonary rehabilitation has been shown to produce an improvement in quality of life.

The majority of patients with COPD are managed by general practitioners and members of the primary healthcare team with onward referral to secondary care when required. This measure is one of five Chronic Obstructive Pulmonary Disease (COPD) measures. The Chronic Obstructive Pulmonary Disease (COPD) set focuses on the diagnosis and management of patients with symptomatic COPD.

COPD is diagnosed if:

- the patient has a forced expiratory volume in one second (FEV1) of less than 70% of predicted normal, and
- has an FEV1/FVC ratio less than 70%, and
- there is less than 15% response to a reversibility test.

All of these elements re required to make a diagnosis of COPD and to exclude co-existing asthma. It is acknowledged that COPD asthma can co-exist and that many patients with asthma who smoke will eventually develop irreversible airways obstruction. However, where asthma is present, these patients should be managed as asthma patients as well as COPD patients.

While it is recognized that there may be an element of reversibility in patients with COPD, the definition centres on the lack of reversibility. Patients with reversible airways obstruction should be included in the asthma disease register. Patients with co-existing asthma and COPD should be included on the register for both conditions.

The FEV1 is set at 70% although the Global Initiative for Chronic Obstructive Lung Disease (GOLD) and British Thoracic Society (BTS) guidelines state 80%. The rationale is that a significant number of patients with an FEV1 less than 80% predicted may have minimal symptoms. The use of 70% enables clinicians to concentrate on symptomatic COPD. Unlike asthma, airflow obstruction in COPD as measured by the FEV1 can never be returned to normal values.

PRIMARY CLINICAL COMPONENT

Chronic obstructive pulmonary disease (COPD); spirometry, reversibility testing

DENOMINATOR DESCRIPTION

Patients who are on the chronic obstructive pulmonary disease (COPD) register of a practice

NUMERATOR DESCRIPTION

Number of patients from the denominator whose chronic obstructive pulmonary disease (COPD) diagnosis has been confirmed by spirometry including reversibility testing (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Chronic obstructive pulmonary disease. National clinical guideline on management of chronic obstructive pulmonary disease in adults in primary and secondary care.
- Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients who are on the chronic obstructive pulmonary disease (COPD) register of a practice*

*Note: The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
F. where a patient has not tolerated medication
G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., reduction where the patient has liver disease
I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients who are on the chronic obstructive pulmonary disease (COPD) register of a practice

Exclusions
See the "Description of Case Finding" field for exception reporting.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients from the denominator whose chronic obstructive pulmonary disease (COPD) diagnosis has been confirmed by spirometry including reversibility testing

Note: For the purposes of the Quality Outcomes Framework (QOF), spirometry undertaken between three months before and twelve months after a diagnosis of COPD being made would be considered as meeting the requirements of this indicator.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record
Registry data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Payment stages: 40-80%

EVIDENCE FOR PRESCRIPTIVE STANDARD

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

COPD 9. Percentage of all patients with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing.

MEASURE COLLECTION

Quality and Outcomes Framework Indicators

MEASURE SET NAME

Chronic Obstructive Pulmonary Disease (COPD)

DEVELOPER

British Medical Association
National Health System (NHS) Confederation

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Apr

REVISION DATE

2006 Feb

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

MEASURE AVAILABILITY

The individual measure, "COPD 9. Percentage of all patients with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing," is published in the "Quality and outcomes framework guidance." This document is available in Portable Document Format (PDF) from the British Medical Association Web site.

NQMC STATUS

This NQMC summary was completed by ECRI on April 1, 2006. The information was verified by the measure developer on August 11, 2006.

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Date Modified: 9/25/2006